Image# 10991212114 097/2072010 18:22

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| Working America (b) Address (number and street) | (a) Name of Individual, Organization or Corporation | 1 |
|---|---|------------------------------|
| (b) Address (number and street) | | |
| 815 16th St NW (c) City, State and ZIP Code Washington DC 20006 2 Corporate filers only Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / D D / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y | 3 | |
| Washington DC 20006 3. FEC Identification Number C C90011156 1s the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M | | |
| C Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice X 48-Hour Notice July 15 Quarterly Report Qctober Quarterly Report January 31 Year-End Report | (c) City, State and ZIP Code | |
| State filer a qualified nonprofit corporation? Yes No | Washington DC 20006 | |
| Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 2. Corporate filers only | C C90011156 |
| 4. TYPE OF REPORT (check appropriate boxes): (a) | Is the filer a qualified nonprofit corporation? X Yes No | |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report | Individual filers only Name of Employer | I |
| (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / D D T / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Traine or Employer | |
| (a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mog / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 4. TYPE OF REPORT (check appropriate boxes): | |
| October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM O 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour | Notice |
| January 31 Year-End Report (b) Is this Report an amendment? Yes \(\text{No} \) \(\text{No} \) \(\text{SONO} \) 5. COVERING PERIOD: FROM \(\text{Mo}_0 \text{M} \) \(\text{M}_0 \text{M} \) \(\text{P}_1 \text{P}_1 \) \(\text{Y}_2 \text{Y}_1 \text{Y}_2 \) \(\text{Y}_1 \) \(\text{Y}_1 \) \(\text{Y}_2 \) \(\text{Y}_1 \) \(\text{Y}_1 \) \(\text{Y}_2 \) \(\text{Y}_1 \) \(\text{Y}_1 \) \(\text{Y}_1 \) \(\text{Y}_2 \) \(\text{Y}_1 \) | ☐ July 15 Quarterly Report | |
| (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | October Quarterly Report | |
| (b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM Mo M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | ☐ January 31 Voar-End Report | |
| 5. COVERING PERIOD: FROM M M M O M O D D O THROUGH M M M O M O D D O THROUGH O D D D O THROUGH O D D D O THROUGH O D D D D D O THROUGH O D D D D D D O THROUGH O D D D D D D D D D D D D D D D D D D | January 31 Tear-Lift Report | |
| 5. COVERING PERIOD: FROM M M M O M O D D O THROUGH M M M O M O D D O THROUGH O D D D O THROUGH O D D D O THROUGH O D D D D D O THROUGH O D D D D D D O THROUGH O D D D D D D D D D D D D D D D D D D | | |
| THROUGH M M / D D / Y Y Y Y Y Y 6. TOTAL CONTRIBUTIONS | (b) Is this Report an amendment? Yes No X | |
| 6. TOTAL CONTRIBUTIONS | 5. COVERING PERIOD: FROM 09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| 6. TOTAL CONTRIBUTIONS | THROUGH | |
| 6. TOTAL CONTRIBUTIONS | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| 6. TOTAL CONTRIBUTIONS | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 6. TOTAL CONTRIBUTIONS | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | | 1010.00 |
| | 7. TOTAL INDEPENDENT EXPENDITURES | 1818.93 |
| | | |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. | request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if | the independent expenditures |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE | TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE |
| | | |
| Jeff Prior 09/20/2010 | Jeff Prior | 09/20/2010 |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g. | | |

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

| PAGE | 2 / | 11 |
|------|-----|----|
|------|-----|----|

NAME OF FILER (In Full) Working America Full Name (Last, First, Middle Initial) of Payee Date Amsala Alemu-Johnson м м 0 9 2010 Mailing Address Amount 4888 Billman Ave 62.83 City State Zip Code NV 89121 Las Vegas Purpose of Expenditure Office Sought: Category/ House State: NV Salary and benefits Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID Check One: Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 691.13 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Raymond Anderson М М 2010 Mailing Address Amount 6121 Halehaven Dr. 62.83 Zip Code City State Las Vegas NV 89110 Purpose of Expenditure Office Sought: House State: NV Category/ Salary and benefits Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 125.66 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Becky Capehart** M 9 2010 Mailing Address Amount 5100 Wild Marigold 88.26 Zip Code State City NV 89130 Las Vegas Purpose of Expenditure Office Sought: State: NV Category/ House Salary and benefits Type Χ Senate Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2010 970.86 for Office Sought Other (specify) 213.92 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

| NAME OF FILER (In Full) | |
|--|---|
| Working America | |
| | |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Nicholas Carter | 0,9 1,7 Y, |
| Mailing Address | Amount |
| 850 King Richard Ave. | 62.83 |
| City State Zip Code | 02.00 |
| Las Vegas NV 89119 | |
| Purpose of Expenditure Category/ Category/ | Office Sought: House State: NV |
| Salary and benefits Type | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | President — |
| HARRITICE | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election | Disbursement For: Primary X General |
| for Office Sought 439.81 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Jim Delsant | |
| Mailing Address | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 4775 Topaz St. | Amount |
| #239 City State Zip Code | 62.83 |
| Las Vegas NV 89121 | |
| Purpose of Expenditure Category/ | Office Sought: House State: NV |
| Salary and benefits Type | Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: |
| HARRY REID | Check One: X Support Oppose |
| | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought 691.13 | 2010 — Cother (specify) |
| Full Name (Last, First, Middle Initial) of Payee | <u> </u> |
| Kendra DeSoto | Date |
| | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| Mailing Address 5908 Filmore Ave | Amount |
| City State Zip Code | 62.83 |
| City State Zip Code Las Vegas NV 89130 | |
| Burnage of Evaporditure | Office Sought: House Creen NV |
| Salary and benefits Category/ Type | Office Sought: House State: NV Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: |
| HARRY REID | Check One: X Support Oppose |
| | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought 502.64 | 2010 |
| for Office Sought 302.04 | Other (specify) |
| | 188.49 |
| (a) SUBTOTAL of Itemized Independent Expenditures | 100.49 |
| (b) SUPTOTAL of Unitermized Independent Evpanditures | |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| (carry total from last page forward to Line 7) | |

| PAGE | 4 | / 11 |
|------|---|------|
|------|---|------|

| NAME OF FILER (In Full) | |
|--|--|
| Working America | |
| | |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Joey Fazzio | M M / D D / Y Y Y Y |
| Mailing Address | 0.9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5011 S. Swenson #23A | Amount |
| City State Zip Code | 67.65 |
| Las Vegas NV 89119 | |
| Purpose of Expenditure Category/ | Office Sought: House State: NV |
| Salary and benefits Type | Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: |
| HARRY REID | Check One: X Support Oppose |
| | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election 676.50 | 2010 |
| for Office Sought | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Sherry Glass | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | |
| 501 E. Lake Mead Parkway #2314 | Amount |
| City State Zip Code | 62.83 |
| Henderson NV 89015 | |
| Purpose of Expenditure Category/ | Office Sought: House State: NV |
| Salary and benefits Type | Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: |
| HARRY REID | Check One: X Support Oppose |
| Colonday Vany To Date Day Floating | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought 439.81 | 2010 — July 2010 — |
| Full Name (Last, First, Middle Initial) of Payee | <u> </u> |
| Sonia Gonzalez-Reese | Date |
| | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| Mailing Address 4255 N. Nellis #1664 | Amount |
| | 62.83 |
| City State Zip Code Las Vegas NV 89115 | |
| Duvenage of Evenanditure | Office Sought: House Coats NV |
| Salary and benefits Category/ Type | State: 144 |
| | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | |
| | |
| Calendar Year-To-Date Per Election | Disbursement For: Primary X General 2010 |
| for Office Sought 314.15 | Other (specify) |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 193.31 |
| | |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (a) TOTAL Independent Evpanditures | |
| (c) TOTAL Independent Expenditures(carry total from last page forward to Line 7) | |
| | |

NAME OF FILER (In Full)

| Working America | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee | Date | | |
| Curtis Green | M M / D D / Y Y Y Y | | |
| Mailing Address 100 S. Martin Luther King Blvd. #2 | M M / D D / Y Y Y Y Y Amount | | |
| City State Zip Code | 62.83 | | |
| Las Vegas NV 89124 | | | |
| Purpose of Expenditure Category/ | Office Sought: House State: NV | | |
| Salary and benefits Type | Senate X Senate | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Check One: X Support Oppose | | |
| Calendar Year-To-Date Per Election | Disbursement For: Primary X General | | |
| for Office Sought 314.15 | Other (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee | Date | | |
| Madeline Johnston | 0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Mailing Address 2215 Merano Ct. | Amount | | |
| | 62.83 | | |
| City State Zip Code Las Vegas NV 89123 | | | |
| Purpose of Expanditure | Office Sought: House Out NV | | |
| Salary and benefits Category/ Type | State: 144 | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Senate Senate District: | | |
| HARRY REID | Check One: X Support Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 62.83 | Disbursement For: 2010 Other (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee | Date | | |
| Kelsey Moilanen | | | |
| Mailing Address 11606 Elcadore St. | M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City State Zip Code | 62.83 | | |
| City State Zip Code Las Vegas NV 89183 | | | |
| Purpose of Expenditure Category/ | Office Sought: House State: NV | | |
| Salary and benefits Type | Senate X Senate District: | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Check One: X Support Oppose | | |
| | | | |
| Calendar Year-To-Date Per Election for Office Sought 691.13 | Disbursement For: 2010 Other (specify) Disbursement For: Primary X General | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 188.49 | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |

NAME OF FILER (In Full)

| PAGE | 6 / 11 | |
|------|--------|--|
| PAGE | 0/11 | |

| Working America | | | | |
|---|--------|---------------------|--|---------|
| Full Name (Last, First, Middle Initial) of Payee | | Date | | |
| Ariel Monroe | | M M / | D D / Y Y | v v |
| Mailing Address 4200 S. Valley View Blvd. | | Amount | 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | 1 0 Y |
| City State Zip Co | ndo. | 1 | 62.83 | |
| Las Vegas NV 89173 | 3 | | | |
| Purpose of Expenditure Category/ | Offic | e Sought: | House State: _ | NV |
| Salary and benefits Type | Se Se | enate X | Senate | |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Chec | _ | President District: President Oppose | se |
| Calendar Year-To-Date Per Election | Disb | ursement For: 2010 | Primary X Gene | eral |
| for Office Sought | 376.98 | ther (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee | | Date | | _ |
| Robin Morris | | M M / | 17 Y Y 20 | Y Y 1 0 |
| Mailing Address 9209 Jonah Way | | Amount | 17 20 | 10 |
| • | | | 62.83 | |
| City State Zip Co | | | 02.00 | |
| Las Vegas NV 89147 | | | | |
| Purpose of Expenditure Salary and benefits Category/ Type | Offic | | House State: $$ | NV |
| | Se | | Senate District: _ | |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | | _ | President — Oppos | se |
| Calendar Year-To-Date Per Election | Disbu | ursement For: | Primary X Gene | eral |
| for Office Sought | 251.32 | 2010 ther (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee | | Date | | |
| Zachary Puffer | | M M / | D D / Y Y | ΥΥ |
| Mailing Address 501 E. Lake Mead Parkway #2314 | | 0 9 Amount | 17 Y 20 | 1 0 |
| City State Zip Co | nda | | 62.83 | i |
| Henderson NV 89015 | | | | |
| Purpose of Expenditure Category/ | Offic | e Sought: | House State: _ | NV |
| Salary and benefits Type | Se | | Senate District: | |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Char | | resident | |
| | | | Support Oppos | |
| Calendar Year-To-Date Per Election | | ursement For: 2010 | Primary X Gen | eral |
| for Office Sought | 251.32 | ther (specify) | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 188.49 | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | | |

NAME OF FILER (In Full)

| Working America | | | |
|---|----------------|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | | 1 |
| Amberly Purvis | | | Date |
| Mailing Address | | | 0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 324 Manti Place | | | Amount |
| City | State | Zip Code | 88.26 |
| Henderson | NV | 89014 | |
| Purpose of Expenditure | | Category/ | Office Sought: House State: NV |
| Salary and benefits | | Туре | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed HARRY REID | by Expenditure | ÷: | President Check One: X Support Oppose |
| | | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought | | 970.86 | 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| Erica Rojas-Cimental | | | |
| Mailing Address | | | 09 17 2010 |
| 4724 Dennis Way | | | Amount |
| City | State | Zip Code | 88.26 |
| Las Vegas | NV | 89121 | |
| Purpose of Expenditure | | Category/ | Office Sought: House State: NV |
| Salary and benefits | | Type | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed HARRY REID | by Expenditure | : : | President Check One: X Support Oppose |
| | | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought | | 970.86 | 2010 Cther (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| Fouad Sawaya | | | |
| Mailing Address 9470 Peace Way #128 | | | M M / D D / Y Y Y Y Y Y Y Amount |
| · | 0 | 7' 0 1 | 62.83 |
| City Las Vegas | State NV | Zip Code 89147 | |
| Purpose of Expenditure | | Category/ | Office Sought: House State: NV |
| Salary and benefits | | Туре | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed | y Expenditure | e: | President |
| HARRY REID | | | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election | | | Disbursement For: Primary X General |
| for Office Sought | • • • | 62.83 | Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | 239.35 |
| (b) SUBTOTALof Unitemized Independent Expendit | ures | | |
| (c) TOTAL Independent Expenditures | | | |

PAGE 8 / 11

| NAME OF FILER (In Full) Working America | |
|---|--|
| Working America | |
| Full Name (Last, First, Middle Initial) of Payee Sedric Sawyer | Date M M / D D / Y Y Y Y |
| Mailing Address 1421 N. Jones | M M / D D / Y Y Y Y Y Y Amount |
| City State Zip Code Las Vegas NV 89108 | 62.83 |
| Purpose of Expenditure Salary and benefits Category/ Type | Office Sought: House State: NV Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | President District: Check One: X Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought 565.47 | Disbursement For: 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee Melissa Stiehler | Date Date D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2451 N. Rainbow #1109 | Amount 88.26 |
| City State Zip Code Las Vegas NV 89018 | |
| Purpose of Expenditure Salary and benefits Category/ Type | Office Sought: House State: NV Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought 794.34 | Disbursement For: 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee Thrifty | Date Date D |
| Mailing Address 7135 Gilespie St. | Amount |
| City State Zip Code Las Vegas NV 89119 | 29.19 |
| Purpose of Expenditure Rental car Category/ Type | Office Sought: House State: NV Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: 2010 Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 180.28 |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

| PAGE | 9 / | 11 |
|------|-----|----|
|------|-----|----|

| Working America | | | | |
|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Thrifty | | Date M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Mailing Address 7135 Gilespie St. | | Amount | | |
| City State Las Vegas NV | Zip Code 89119 | 31.47 | | |
| Purpose of Expenditure Rental car | Category/ Type | Office Sought: House State: NV Senate X Senate District: | | |
| Name of Federal Candidate Supported or Opposed by Expenditu HARRY REID | re: | President Oppose Check One: X Support Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | 1877.71 | Disbursement For: Primary X General Other (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee | | Date | | |
| Thrifty | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Mailing Address 7135 Gilespie St. | | Amount | | |
| City State Las Vegas NV | Zip Code 89119 | 31.47 | | |
| Purpose of Expenditure Rental car | Category/ Type | Office Sought: House State: NV Senate Senate | | |
| Name of Federal Candidate Supported or Opposed by Expenditu HARRY REID | re: | President District: Check One: X Support Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | 1909.18 | Disbursement For: Primary X General Other (specify) | | |
| Full Name (Last, First, Middle Initial) of Payee Thrifty | · | Date Date Date Date Date Date Date Date Dat | | |
| Mailing Address 7135 Gilespie St. | | Amount | | |
| City State Las Vegas NV | Zip Code 89119 | 34.77 | | |
| Purpose of Expenditure Rental car | Category/ Type | Office Sought: House State: NV Senate X Senate District: | | |
| Name of Federal Candidate Supported or Opposed by Expenditu HARRY REID | re: | President Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | 1943.95 | Disbursement For: Primary X General 2010 Other (specify) | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 97.71 | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | | |

PAGE 10 / 11

| NAME OF FILER (In Full) | |
|---|---|
| Working America | |
| | |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| William Todd | |
| Mailing Address | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 1801 Bearden Ave | Amount |
| City State Zip C | 90.89 |
| Henderson NV 8901 | |
| Diverse of Five and there | |
| Category | State: 144 |
| | Senate X Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: | ☐ President |
| HARRY REID | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election | Disbursement For: Primary X General |
| for Office Sought | 999.79 Cther (specify) |
| - | |
| Full Name (Last, First, Middle Initial) of Payee Christopher Valade | Date |
| Offistophier Validue | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | |
| 997 Prestige Meadows Place | Amount |
| City State Zip C | ode 62.83 |
| Henderson NV 8905 | 2 |
| Purpose of Expenditure Category | Office Sought: House State: NV |
| Salary and benefits Type | Senate X Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: |
| HARRY REID | Check One: X Support Oppose |
| | |
| Calendar Year-To-Date Per Election | 2010 |
| for Office Sought | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | Date |
| Marlon Washington | M_M / D_D / Y Y Y Y |
| Mailing Address | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| 1801 Bearden Ave | Amount |
| City State Zip C | ode 112.34 |
| Henderson NV 8901 | |
| Burnaga of Evnanditura | |
| Salary and benefits Category Type | State: 144 |
| | Senate Senate District: |
| Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID | |
| · · · · · · · · · · · · · · · · · · · | Check One: X Support Oppose |
| Calendar Year-To-Date Per Election | Disbursement For: Primary X General |
| for Office Sought | 235.74 Other (specify) |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 266.06 |
| ., | |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| , | |
| (c) TOTAL Independent Expenditures | |
| (carry total from last page forward to Line 7) | |

Image# 10991212124 **SCHEDULE 5-E**

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ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) Working America Full Name (Last, First, Middle Initial) of Payee Date Jazmin Williams М М 2 0 1 0 Y Mailing Address Amount 6255 W. Tropicana 62.83 City State Zip Code NV 89103 Las Vegas Purpose of Expenditure Office Sought: Category/ House State: NV Salary and benefits Type Χ Senate Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: HARRY REID Support Oppose Check One: X General Disbursement For: Primary Calendar Year-To-Date Per Election 2010 251.32 for Office Sought Other (specify) 62.83 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTALof Unitemized Independent Expenditures.....

1818.93

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)